



CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA

Immigrant Visa Section
Auckland, New Zealand
AucklandIV@state.gov

NEW ZEALAND POLICE CLEARANCE AUTHORIZATION

Vetting & Validation Section
N.Z. Police National Headquarters
P O Box 3017
WELLINGTON

Visa Category: _____

Case No. _____

Dear Sir/Madam:

I, _____
(First name, middle name, SURNAME) & any aliases / MAIDEN name

born at: _____ on: _____
(city, country) (day, month, year)

Sex: Male/Female Nationality: _____, hereby authorize
the New Zealand Police to disclose to the Consulate General of the United States
any details of criminal activity recorded in my name.

This information is to be provided to the United States Government solely for the
purpose of determining visa eligibility and is not to be released to any other
person or organization for any other purpose.

DATE OF ANY CONVICTION(S): _____

TYPE/PLACE OF CONVICTION(S): _____

Signature: _____ Date: _____

Present address: _____

Last N.Z. address: _____

NOTE: THIS FORM MUST BE RETURNED TO THE NATIONAL
VISA CENTER, 32 ROCHESTER AVENUE, PORTSMOUTH, NH
03801-2909, FOR INCLUSION IN YOUR FILE.

**DO NOT SEND IT to the N.Z. Police Department as they DO NOT
DEAL DIRECTLY with the public on clearance requests.**